

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012165

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/596808
2808

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 214

Primary Registration District No. 3057

Registrar's No. 101

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SedaliaLength of stay in 1b
1 weekc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Pettis

c. CITY
OR TOWN SedaliaInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1902 E. 7th StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Ethel Etta LaRue4. DATE
OF DEATHMonth Day Year
March 5, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-7-1909

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Benton Co., Mo.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Robert Summers

13b. MOTHER'S MAIDEN NAME

Emma Cooper

14. NAME OF HUSBAND OR WIFE

Leland LaRue

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Leland LaRue Sedalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fulminating Septicemia

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Surgery for removal of Kidney Stone

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 28, 1962, to March 5, 1962 and last saw her alive on March 5, 1962

Death occurred at 8:10 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John C. Brazier M.D.

22b. ADDRESS

Smithton Mo

22c. DATE SIGNED

3-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

March 7, 1962

23c. NAME OF CEMETERY OR CREMATORY

Laurel Oak Cemetery

23d. LOCATION (City, town, or county)

Windsor Henry Mo.

24. FUNERAL DIRECTOR

ADDRESS

Clifford Gouge Windsor, Mo.

25. DATE RECD. BY LOCAL REG.

3-12-1962

26. REGISTRAR'S SIGNATURE

Thomas Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clifford George

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No Permit issued